

JC10 Rec'd PCT/PTO 07 NOV 2005

RECEIVED
CENTRAL FAX CENTER

NOV - 7 2005

HEXION™

Specialty Chemicals

Hexion Specialty Chemicals, Inc.

1600 Smith Street, 24th Floor
Houston, TX 77002
hexionchem.com

TOTAL PAGES -2-

DATE: November 7, 2005

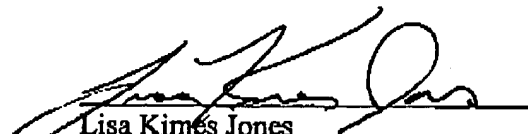
TO: USPTO
PHONE: (703) 308-4357
FAX: (571) 273-8300

FROM: Lisa Kimes Jones
PHONE: (832) 366-2571
FAX: (817) 375-2768

RE: USSN: 10/549,544 ✓
Filing Date: 09/13/2005
Attorney Docket: 05-02-FPP.US

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, consisting of a Power of Attorney is being facsimile transmitted to the United States Patent and Trademark Office, facsimile number (571) 273-8300 on Monday, November 07, 2005.


Lisa Kimes Jones
Registration No. 41,878

FACSIMILE TRANSMISSION

This facsimile may contain **CONFIDENTIAL INFORMATION** which also may be **LEGALLY PRIVILEGED** and which is intended only for the use of the Addressee(s) named below. If you are not the intended recipient of this facsimile, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile may be strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via United States Postal Service. Thank you.

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/549,544
Filing Date	September 13, 2005
First Named Inventor	RAINIO, Jouni
Title	Adhesive Compositions
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	05-02-FPP.US

I hereby appoint:

☒ Practitioners associated with the Customer Number:

33249

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name			
Signature	Mark S. Antonovich		
Date	11/3/05	Telephone	(832) 366-2571

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.